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FEB 1.0 2006

IMPORTANT NOTICE

TELECOPY/FACSIMILE COVER LETTER

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TO: FROM: _	U.S. Patent and Trademark Office	DATE:	February 10, 2006			
	Examiner: R. E. Beveridge Art Unit: 1725					
FROM:	Lawrence J. McClure	TIME:				
TOTAL	NO. OF PAGES, INCLUDING COVER:	1312-				

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MESSAGE:

U.S. Patent Application Serial No.: 10/774,549; Our Ref. 81716.0119

I hereby certify that the following documents:

TELECOPY/FAX NUMBER:

- Amendment/Amendment Transmittal Letter/Petition for Extension of Time (1 month)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

February 10, 2006
Date of Deposit

(571) 273-8300

Diane Zvrán

CLIENT NUMBER: 81716.0119

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (please return fax to Diane Zynn)

\\LA - 81716/0119 - 256786 +1

Examiner:

1725

R. E. Beveridge

(571) 273-8300:

P.O. Box 1450

Signature

February 10, 2006
Date of Deposit
Diane Zynn

Commissioner for Patents

Alexandria, VA 22313-1450 on

FORM PTO-1083

81716.0120

02/10/06

Date

Patent Application No. 10/774,551

I hereby certify that this correspondence

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ken FURUKUWA

Serial No: 1

10/774,549

Confirmation No.:

10..

Filed:

February 9, 2004

1117

For:

CERAMIC CIRCUIT BOARD AND METHOD FOR

MANUFACTURING THE SAME

Mail Stop Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM S ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	5	-	20	••	0	LG=\$50 SM≃\$25	\$0	\$	٥
INDEPENDENT CLAIMS FEE	1	-	3		0	LG=\$200 SM=\$100	\$0	\$	٥
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180							\$	0	
Independent Claim: 2 TOTAL									0

If the entry in Col. t is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space,
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amondment or the number of claims originally filed.

- Please charge the fee of \$\frac{\\$}{}\] for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- Please charge the fee of \$120 for the <u>one month</u> extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
 - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - Any patent application processing fees under 37 C.F.R. § 1.17

Date: February 10, 2006

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Respectfully submitted,

HOGAN & HARTSON L.L

Láwfe\nce J. McClure/ Registration No. 44,228 Attorney for Applicant(s)

MLA - 81716/0119 - 255783 VI